



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION



*Community Residential Facility Loan Program
Application
Capital Repair & Improvements Loans*

Date: _____ DMR Region: _____

Amount of Loan Request: \$ _____ Address of Property: _____

Name of Agency: _____ Address of Agency: _____

Agency Contact Person: _____ Telephone Number: _____

Project Description: Describe in detail the Capital Repairs or Improvements to be funded by this request. The description should detail the work to be performed, the life safety issues that will be address by this project, and the tentative timetable and elapsed time projected to complete this project.

Project Costs: Itemized the costs to be incurred to complete this capital repair and improvement project. (Note: A final accounting accompanied by documentation of 3 bids will be required before this loan will be finalized and disbursed).

This application should be accompanied with the agency's latest audited financial statements.

Signature of Authorized Agency Officer

Date

Signature of Agency Executive Director

Date